

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 10/09/2005		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 10/11/2005						
		FINANCIAL PAYER: NCDMH						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404901	SMOKY MOUNTAIN	0	0	*** NO DATA TO REPORT ***				
	H/DD/SAS							
		0	0		0	0	0	0
3404904	WESTERN HIGHLAN	11	856	CLIENT NOT ELIGIBLE ON SERVICE				
	DS LME			DATE				
		79	421	THIS SERVICE IS NOT PAYABLE TO	3	2740	12160	9420
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		8599	419	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404910	PATHWAYS	10	237	DIAGNOSIS OR SERVICE INVALID F				
				OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
		8599	85	DETAIL NOT COVERED BY COMBINAT	3	525	9796	9230
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8621	67	60 RESIDENTIAL LEVEL III TREAT				
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
3404912	CATAWBA COUNTYM	191	64	CLIENT ID NUMBER DOES NOT MATC				
	ENTAL HEALT			H PATIENT NAME				
		8599	37	DETAIL NOT COVERED BY COMBINAT	18	146	6293	6147
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	14	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404913	MECKLENBURG COM	8599	2804	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8933	572	ADTNC INELIGIBLE TO RECEIVE SE	1017	4817	22306	17489
				RVICES IN IPRS.				
		10	404	DIAGNOSIS OR SERVICE INVALID F				
				OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
3404916	CROSSROADS BEHA	8599	52	DETAIL NOT COVERED BY COMBINAT				
	VIORAL HEAL			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8621	12	60 RESIDENTIAL LEVEL III TREAT	0	65	288	223
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		8651	1	ONLY FOUR UNITS ALLOWED PER MO				
				NTH				
3404917	CENTERPOINT HUM	8535	4196	SERVICE FACILITY LOCATION WAS				
	AN SERVICES			NOT INCLUDED IN YOUR 837.				
				PLEASE RESUBMIT YOUR CLAIM WIT				
		11	1194	CLIENT NOT ELIGIBLE ON SERVICE	0	6300	7940	1640
				DATE				
		8329	625	CLAIM DENIED ATTENDING PROVIDE				
				R CANNOT BE THE SAME AS				
				THE LMA				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404918	ROCKINGHAM CO M ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404919	GUILFORD CO MEN TAL HEALTHC	21	28	DUPLICATE OF CLAIM-SYSTEM				
		8535	27	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT	3	88	6555	6467
		8599	24	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL L AREA MH D	8599	965	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	101	DUPLICATE OF CLAIM-SYSTEM	43	1233	3702	2469
		5404	69	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404921	ORANGE PERSON C HATHAM AREA	8599	636	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		5312	183	PRIOR AUTHORIZED DOLLARS EXCEE DED	10	1304	4473	3169
		10	84	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404922	THE DURHAM CENT ER	8329	934	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
		8599	23	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	990	1070	80
		191	21	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404923	FIVE COUNTY MH	8329	23	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
		21	14	DUPLICATE OF CLAIM-SYSTEM	0	50	1288	1238
		191	8	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404925	SANDHILLS CENTE R FOR MH/DD	8536	690	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		79	532	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	51	1835	2209	374
		8534	308	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404926	SOUTHEASTERN RE G MENTAL HL	21	1723	DUPLICATE OF CLAIM-SYSTEM				
		11	1033	CLIENT NOT ELIGIBLE ON SERVICE DATE	310	4153	8249	4096
		8599	686	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404927	CUMBERLAND CO M HC	11	61	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8622	51	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	0	186	891	705
		8599	47	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404929	LEE HARNETT MH/ DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404930	JOHNSTON COUNTY MNTL HLTHC	8935	79	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8599	68	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	138	330	4357	4027
		8931	51	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404931	WAKE CO HUM SVC BILLING OF	11	288	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8000	68	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	2	432	698	266
		8535	36	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
3404932	RANDOLPH/SANDHI LLS CO MH C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT R FOR MH/DD	120	160	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
		8599	141	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	5	618	3387	2769
		79	93	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404934	ONSLow CARTERET BEHAV REAL	8535	324	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
		8599	88	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	4	559	1852	1293
		11	52	CLIENT NOT ELIGIBLE ON SERVICE DATE				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8599	57	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	45	DUPLICATE OF CLAIM-SYSTEM	2	110	963	853
		191	5	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404937	EDGEcombe NASH MNTL HLTH C	8599	768	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	165	DUPLICATE OF CLAIM-SYSTEM	0	938	4838	3900
		5404	2	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404938	VGFW DBA RIVERS TONE COUNSE	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE ALTH CENTER	8535	412	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
		8599	86	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	613	1419	806
		11	51	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404941	PITT CO MH/DD/S AS CENTER	120	875	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
		0	0		0	875	875	0
3404942	ROANOKE CHOWAN UMAN SERVIC	21	109	DUPLICATE OF CLAIM-SYSTEM				
		8000	87	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	13	321	1093	772
		8599	67	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404943	ALBEMARLE MENTA L HEALTH CE	8599	160	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		5404	25	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	28	235	1636	1401
		8935	15	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404944	EASTPOINTE HUMAN SERVICES	21	20	DUPLICATE OF CLAIM-SYSTEM				
		11	5	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	27	143	116
		8599	2	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404946	FOOTHILLS AREA MENTAL HEALTH	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	1	1
3404957	TIDELAND MENTAL HEALTH CTR	8599	33	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		23	16	SERVICE REQUIRES PRIOR APPROVAL	3	79	3984	3905
		21	14	DUPLICATE OF CLAIM-SYSTEM				
3404979	NEW RIVER AREA MENTAL HEALTH/SA PRO	11	392	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	156	DUPLICATE OF CLAIM-SYSTEM	1	563	1422	859
		8599	13	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				